



State of Delaware

Department of Services for Children, Youth and Their Families
Division of Child Mental Health Services

Handbook for Child/Family

Entering Care in the Division of Child Mental Health Services (DCMHS)



Vision

Excellence in Behavioral Healthcare: Leading the nation with innovative care for a changing world.

Mission

Developing the potential of this generation and the next through:

- effective treatment for children and their families
- collaboration with service partners

DCMHS is accredited by the Joint Commission on the Accreditation of HealthCare Organizations.

www.state.de.us/kids/cmhhome.htm

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For more information for children and families, including types of issues/diagnoses, see our website: **www.state.de.us/kids/cmhome.htm**

COPIES OF THIS HANDBOOK ARE AVAILABLE TO CHILDREN AND THEIR FAMILIES AT THE SITES OF ALL DCMHS PROVIDERS!



What to do in a child mental health/ substance abuse emergency?

Steps:

1. Determine whether you need medical or police assistance. If you do, call 911.
2. Contact your mental health/substance abuse service provider or follow the guidelines they have given you regarding services in an emergency.
3. If you wish to contact your DCMHS Coordinator, call the office number below. If your coordinator is not available, please explain that your call is an emergency and you will be connected with another clinical services staff member. Use this number only during weekday business hours.
4. During the evening, nighttime or weekend...
5. For an out of state placement crisis...
6. If you need emergency help and your service provider is not available, you may call:

DCMHS Crisis Services

New Castle County (north of C&D Canal)

302.633.5128

New Castle County (south of C&D Canal)

1.800.969.HELP (4357)

Kent and Sussex Counties

302.424.HELP (4357)

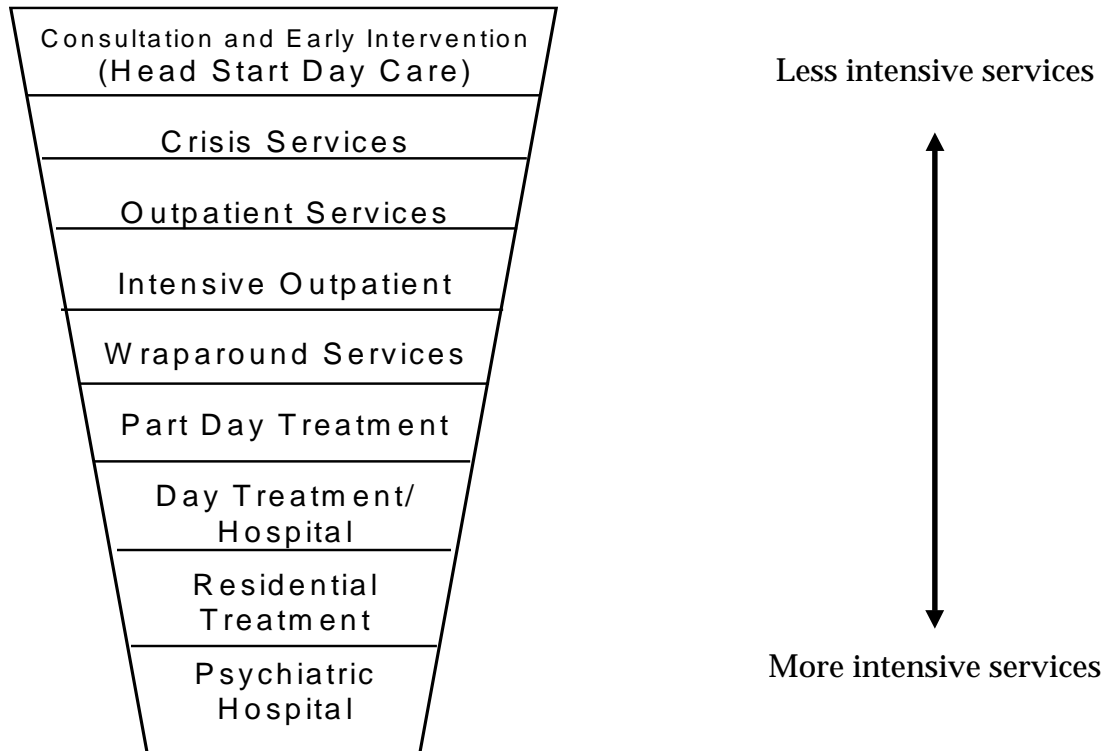
Please use the crisis service only for mental health/substance abuse emergencies.

Coordinator: _____ Phone Number: _____

Monday - Friday: 8:00 a.m. - 4:30 p.m.

DCMHS Service Network

DCMHS provides mental health and substance abuse treatment to children who require behavioral health treatment services, are without insurance or who are Medicaid eligible and who are under 18 years of age.



The DCMHS Services Network:

- state-wide
- private and public treatment providers
- a range of treatment services which are
 - individualized
 - least intensive
 - least restrictive
 - clinically appropriate



Department of Services for Children, Youth and Their Families

Division of Child Mental Health Services (DCMHS)

Provides mental health and substance abuse treatment services to children under the age of 18 who are Medicaid eligible or who are without insurance coverage.

All services are voluntary except involuntary hospitalization.

Division of Family Services (DFS)

Provides child protective services, including for child abuse, neglect and dependency.

Strengthens families and communities through a range of services.

Division of Youth Rehabilitative Services (DYRS)

Protects public safety.

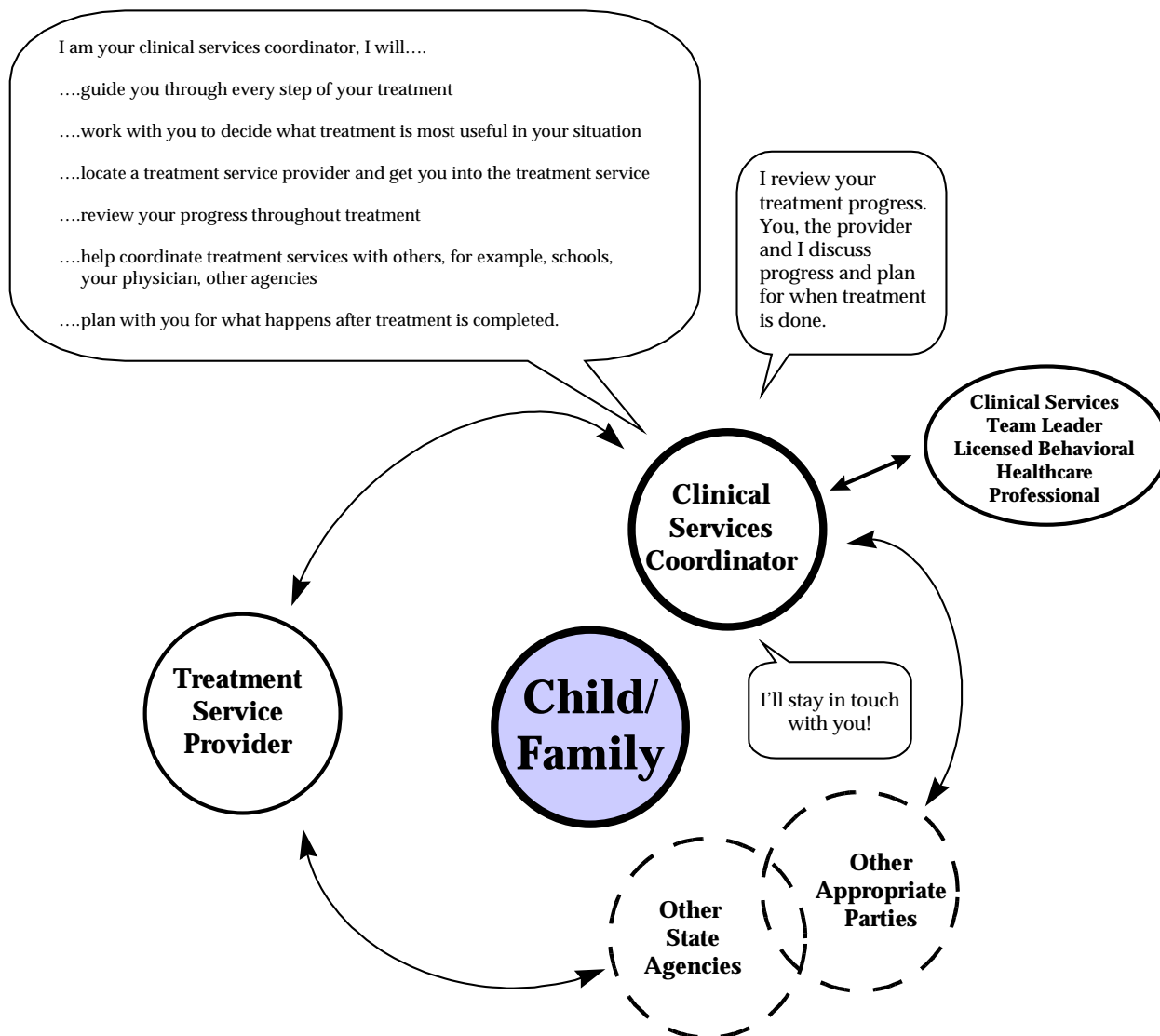
Helps delinquent youth develop skills.

Provides secure care, non-secure care and probation services.

Children receiving services from DCMHS often receive services from DFS and/or DYRS as well.

Individualized Child Service Planning Team:

- Parent/Family & Child
- Clinical Services Coordinator
(Coordinator's Name: _____)
(Coordinator's Phone Number: _____)
- Clinical Services Management Team Leader
- Other State Agencies as indicated: _____
(Example: DFS, DYRS, School Representative)
- Any other appropriate parties (specialists, etc.): _____



DCMHS Responsibilities

DCMHS will:



provide information and referral for those who do not require or qualify for DCMHS services.



assess eligible individuals in a timely fashion to determine what level of clinical service is appropriate.



tell families and referral agents of the results of eligibility and clinical necessity assessments in a reasonably timely fashion.



provide case coordination for clients and their families who are authorized for DCMHS services. Coordinators will work closely with care managers from the Divisions of Family Services and Youth Rehabilitative Services and with the child's education and health care providers.



make every effort to provide services while children and youth live with their families and attend community schools.



ensure that the child and family are educated about the relevant behavioral health issues included in service and treatment planning wherever possible.

Child and Family Rights and Responsibilities



Children and their families entering DCMHS Services have the right to:

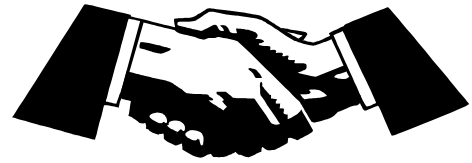
1. access to treatment services which are clinically necessary.
2. individualized services provided in the least restrictive setting.
3. informed participation in service planning.
4. respect and caring.
5. culturally competent services.
6. confidentiality of sensitive information.
7. a process to complain when they are dissatisfied with services.



Families are responsible for:

1. providing clinical, family, school and healthcare information required to establish eligibility for DCMHS services.
2. participating in service planning.
3. providing primary health care (medical care) for their child(ren) in DCMHS service.
4. Where families are to pay part of the cost of their child's behavioral healthcare services, this will be explained before services start. No Medicaid clients are required to make co-payments for any services.

Client Confidentiality



DCMHS values the confidentiality of information about child/family.



We operate on a “need to know” basis. DCMHS, other Departmental staff and treatment providers have access and use only information necessary to complete their tasks related to serving the client.



Confidential information will not be released beyond Department care managers and contracted agencies without your permission.



Some information is not confidential. For example, staff are required by law to report suspected abuse/neglect or threats of harm to self or others.



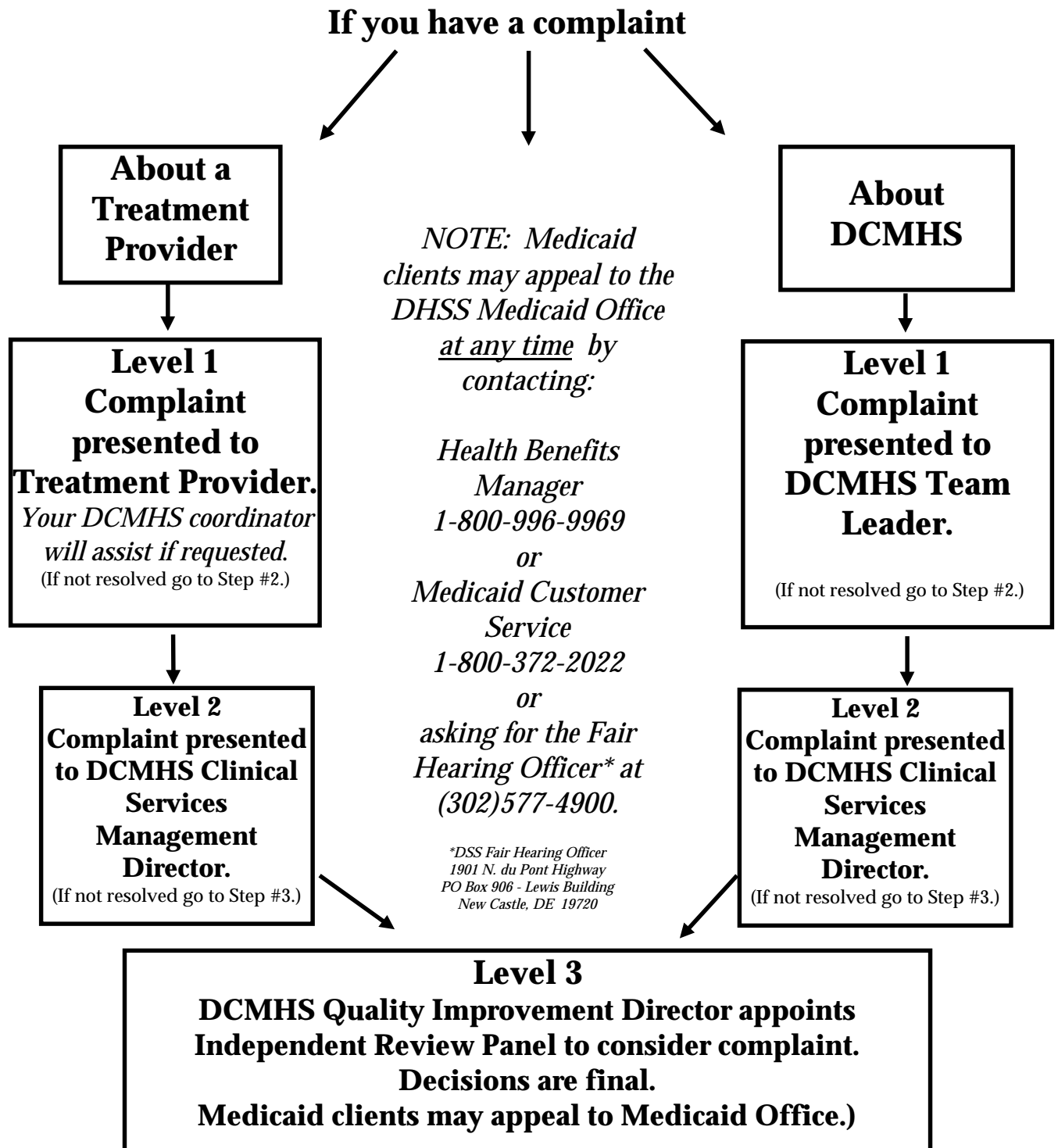
Information about alcohol or drug abuse problems, HIV status, sexually transmitted diseases and pregnancy have special strict rules regarding confidentiality. Children older than 12 years may be required to consent to the release of such information.



The Department has a computerized client information system in which data is stored. Electronic information is protected by computer access and security procedures.

DCMHS Client Complaint/Appeal Process

Clinical Coordinators work hard to address issues raised by children and families regarding services provided through DCMHS. If you are dissatisfied with DCMHS Services, follow the steps below to resolve your situation.



DCMHS Child Service Plan Summary

Name of Child: _____

Type of Service:

Name and Location of Provider Selected:

Contact Person at Provider Site:

Any Specific Next Steps Prior to Service Start:

Directions to provider site are available upon request.

Important Related Agencies/Information
(space where child/family may record information)

Advocacy Resources and Information

For Children And Families In Care With The Division Of Child Mental Health Services

State Mental Health Agencies

For more information about admission, care, treatment, release, and patient follow-up in public or private psychiatric residential facilities, contact your State mental health agencies:

For Children Services:

Division of Child Mental Health Service
Department of Services for Children , Youth
and their Families
1825 Faulkland Road
Wilmington, DE 19805
Phone: 302-633-2573
Fax: 302-633-2614
Website: <http://www.state.de.us/kids/cmhhome.htm>

For Adult Services:

Division of Alcoholism, Drug
Abuse and Mental Health
Dept. of Health and Social Services
1901 North duPont Highway
New Castle, DE 19720
Phone: 302-577-4460
Fax: 302-577-4484

Each of these organizations has complaint processes in place and can provide information to families about how to make a complaint about services through the state agency system.

State Protection and Advocacy Agency

Each State has a protection and advocacy agency that receives funding from the Federal Center for Mental Health Services. Agencies are mandated to protect and advocate for the rights of people with mental illnesses and to investigate reports of abuse and neglect in facilities that care for or treat individuals with mental illnesses. Contact:

Brian J. Hartman, Director
Disabilities Law Program
913 Washington Street
Wilmington, DE 19801
Phone: 302-575-0660
Fax: 302-575-0840

Advocacy Organizations

Statewide consumer organizations are run by and for consumers of mental health services and promote consumer empowerment. These organizations provide information about mental health and other support services at the State level and are active in addressing and advocating for mental health system issues. For information about consumer activities in your area, contact:

Mental Health Association in Delaware:

812 D Philadelphia Pike
Wilmington, DE 19809
Phone: 302-765-9740
Fax: 302-765-9745
Toll-free: 800-969-6642

website: www.mhainde.org
email - pgalonsky@mhainde.org
or information@mhainde.org

Alliance of the Mentally Ill in Delaware

2500 West Fourth Street, Suite 5
Wilmington, DE 19805
Phone: 302-427-0787
Fax: 302-427-2075
Toll-free: 888-427-2643 (Statewide)
email: alliance@diamond.net.udl.edu

The Parent Information Center of Delaware

PIC provides: Education Advocacy Training for parents of children with disabilities, information on special education laws and processes, information on the rights and entitlements of persons with disabilities and disability awareness training for schools and communities. In addition, PIC sponsors a Parent-to-Parent Support program with support group meetings to help families cope with a disability in the family. PIC sponsors a statewide conference each year which focuses on issues and topics of interest to families of children with disabilities.

North Delaware:

700 Barksdale Road, Suite 16
Newark, DE 19711
302-366-0152
FAX: 302-366-0276
e-mail: picofdel@picofdel.org
Website: www.picofdel.org

South Delaware:

109 N. Bedford Street
Georgetown De. 19947
Phone 302-856-9880
FAX 302-856-9882
Toll-Free for Families in
Kent County - 1-888-547-4412

Medicaid clients and their families may contact the following for advocacy assistance and information:

Delaware Medicaid Consumer Hotline :	1-800-372-2022
Health Benefits Manager:	1-800-996-9969

GENERAL INFORMATION ABOUT CHILDREN'S BEHAVIORAL HEALTH ISSUES:

The Substance Abuse and Mental Health Services Administration's Center for Mental Health Services maintains a very informative website: www.mentalhealth.org

The National Institute of Mental Health also may have information of interest.: www.nimh.nih.org

The Bazelon Center for Mental Health Law maintains a children's Issues section on their website which contains information which is of interests to children and their families: www.bazelon.org/children.htm

The Division of Child Mental Health Services website (www.state.de.us/kids/cmhome.htm) has information and links to sites of interest in this topic area.

Understanding Between DCMHS and Parent/Guardian of Child Entering DCMHS Services

I have reviewed and understand the handbook about how the Division of Child Mental Health Services works, I understand:

- By applying for services with DCMHS confidential information about my child and family will be shared according to the conditions outlined in the Department's confidentiality policy. I have the right to a copy of the confidentiality policy if I want it.
- A Clinical Service Management Team will be assigned to work with my child and family. A team member may interview my child to help determine the most appropriate treatment service. Members of this team include the licensed behavioral healthcare professional who leads the team and the case manager. The team may include a psychiatrist and other specialists as needed.
- The team will seek my child and family's input for treatment planning, including planning for next steps after treatment is completed.
- DCMHS or persons contracted with it might contact me about my child's treatment to determine if my family is satisfied with the care given.

Finally, I/we understand that my/our child and family may become ineligible for services if I/we do not provide necessary family, financial and insurance information and do not cooperate with the clinical services management team and the provider of treatment services.

CHILD Signature

CHILD Printed Name

Date

PARENT/GUARDIAN Signature

PARENT/GUARDIAN Printed Name

Date

PARENT/GUARDIAN Signature

PARENT/GUARDIAN Printed Name

Date

CSMT Coordinator Signature

CSMT Coordinator Printed Name

Date

Phone Number: _____

CSMT Team Leader Printed Name: _____

Phone Number: _____

Client/Family Copy

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Phone Number: _____

CSMT Team Leader Printed Name: _____

Phone Number: _____

DCMHS File Copy